

12-31-01

PTO/SB05 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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Under the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 1391-27300	
		First Inventor Haoshi Song	
		Title A Coiled Tubing Inspection System Using Image Pattern Recognition	
		Express Mail Label No. EL889675520US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 31] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]		ACCOMPANYING APPLICATION PARTS	
5. Oath and Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: Postcard	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Continuation <i>Prior application information:</i> </div> <div> <input type="checkbox"/> Divisional <i>Examiner</i> </div> <div> <input type="checkbox"/> Continuation-in-Part (CIP) <i>of prior application No.:</i> </div> <div> <input type="checkbox"/> <i>Group/Art Unit:</i> </div> </div> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number of Bar Code Label 23505 or <input type="checkbox"/> Correspondence address below			
Name		David A. Rose	
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Name (Print/Type)		David A. Rose	
Registration No. (Attorney/Agent)		26,223	
Signature		Date Dec 21, 2001	

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FEE TRANSMITTAL For FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$ 1388.00

Complete if Known

Application Number	Not Yet Known
Filing Date	Concurrently Herewith
First Named Inventor	Haoshi Song
Examiner Name	Not Yet Known
Group Art Unit	Not Yet Known
Attorney Docket No.	1391-27300

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:
 Deposit Account Number: 03-2769
 Deposit Account Name: Conley, Rose & Tayon, P.C.
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Credit Card ☐ Money Order ☐ Other Order

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing Fee	\$740.00
106 330	206 165	Design filing fee	\$
107 510	207 255	Plant filing fee	\$
108 740	208 370	Reissue filing fee	\$
114 160	214 80	Provisional filing fee	\$

SUBTOTAL (1) \$740.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
42	- 20 = 22 x	18.00	= \$396.00
Independent Claims	6	3 = 3 x	84.00 = \$252.00
Multiple Dependent Claims		280.00	= \$00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent Claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$648.00

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

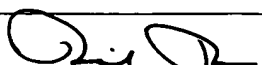
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	\$
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	\$
139 130	139 130	Non-English specification	\$
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	\$
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	\$
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	\$
115 110	215 55	Extension for reply within first month	\$
116 400	216 200	Extension for reply within second month	\$
117 920	217 460	Extension for reply within third month	\$
118 1,440	218 720	Extension for reply within fourth month	\$
128 1,960	228 980	Extension for reply within fifth month	\$
119 320	219 160	Notice of Appeal	\$
120 320	220 160	Filing a brief in support of an appeal	\$
121 280	221 140	Request for oral hearing	\$
138 1,510	138 1,510	Petition to institute a public use proceeding	\$
140 110	240 55	Petition to revive - unavoidable	\$
141 1,280	241 640	Petition to revive - unintentional	\$
142 1,280	242 640	Utility issue fee (or reissue)	\$
143 460	243 230	Design issue fee	\$
144 620	244 310	Plant issue fee	\$
122 130	122 130	Petitions to the Commissioner	\$
123 50	123 50	Petitions related to provisional applications	\$
126 180	126 180	Submission of Information Disclosure Stmt	\$
581 40	581 40	Recording each patent assignment per property (times number of properties)	\$
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	\$
179 740	279 370	Request for Continued Examination (RCE)	\$
169 900	169 900	Request for expedited examination of a design application	\$
Other fee (specify)			\$

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	David A. Rose	Registration No. (Attorney/Agent)	26,223	Telephone	(713) 238-8000
Signature				Date	Dec 21, 2001

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